

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532677

FILING DATE

APPLICANT(S)

7-21-06 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3						1
4				1		1
5						1
6				1		1
7						1
8				1		1
9						1
10				1		1
11						1
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TOTAL IND.		↓		↓	1	↓
TOTAL DEP.	←		←		17	←
TOTAL CLAIMS					18	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←			←
TOTAL CLAIMS						